

2

February 7, 1942

PERSONAL AND CONFIDENTIAL

Mr. Evelle J. Younger
Federal Bureau of Investigation
United States Department of Justice
Washington, D. C.

Dear Mr. Younger:

The Bureau is in receipt of the report of the physical examination afforded you at the United States Naval Hospital, Washington, D. C., on December 23, 1941.

This report reflects the following physical defects:

None

The Board of Examining Physicians makes the following recommendations:

Inoculation for typhoid.
Inoculation for tetanus.

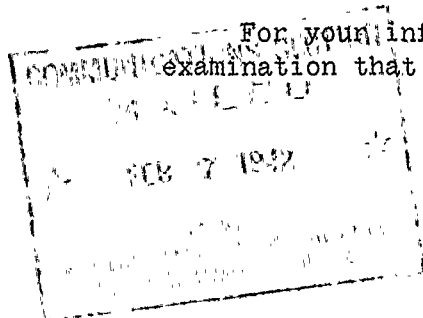
It reports that you are capable of performing strenuous physical exertion, and have no physical defects that would interfere with your participation in raids or other work involving the practical use of firearms.

For your information, it was determined during this examination that your blood is International Type "O".

Sincerely yours,

J. E. Hoover

John Edgar Hoover
Director



CC: Mr. Clegg

SPECIAL EXAMINATION AND TREATMENT REQUEST

File No. 4499

DATE 12/29/41

U. S. NAVAL HOSPITAL

Washington, D. C.

Name YOUNGER, Evelle J.

Rate C-3

Ward OPD

Diagnosis

Referred to

Exact examination desired

X-Ray Dept.

X-Ray examination of the lungfields.

Dr. Parker

(M. C.) U. S. N.

REPORT

The lungfields and apices are virtually clear except for slightly prominent markings about the hila; the hila are prominent and show calcium deposits. The diaphragm is negative and the heart shadow as a whole is not enlarged. The right auricular shadow appears prominent. This is likely due to the patient taking ~~an~~ *small* inspiration, the diaphragm being rather high and the heart being tilted transversely.

IMPRESSION: No evidence of recent or active pulmonary tuberculosis.


C.F. BEHRENS,
COMDR. MC. USN.

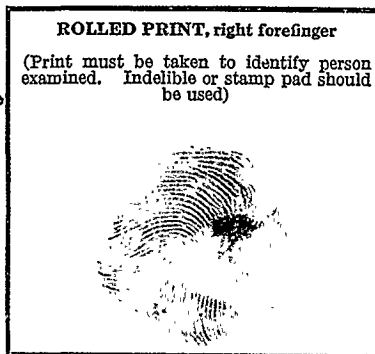
(M. C.) U. S. N.

UNITED STATES CIVIL SERVICE COMMISSION
CERTIFICATE OF MEDICAL EXAMINATION

(Authorized by Executive Order of September 4, 1924)

APPLICANT MUST FILL IN DOTTED LINES BELOW TO HEAVY LINE

Evelle J. Younger
(Name)
Abbott-Hall; Lake Shore Drive & Superior St. - Chicago
(Post-office address)
Male June 19, 1918
(Sex) (Date of birth)
Special Agent F.B.I.
(Title of examination taken)
Federal Bureau of Investigation
(Department and bureau in which you are to be employed)
(City or town in which you are to be employed)



1. Have you any physical defect or disease or disability whatsoever? No.
2. If answer is "yes" give details _____

PHYSICIAN SHOULD FILL IN THE FOLLOWING

71 1/2 inches. * 196 pounds. 6 lbs. 0.1 W.
(Height, without shoes) (Weight, in clothing) (Weight, without clothing) {Males, with and without clothing; females, clothed, but without wrap or hat.

*To be taken for males only upon special written request of the official ordering examination.

Items checked (✓) were examined and found normal. Deviations from normal are noted. (See instructions on reverse side, numbered to correspond with items below.)

1. Eyes: Distant vision: Without glasses: Right: 20 Left: 20 With glasses if worn: Right: 20 Left: 20

Near vision: _____

What is the longest and the shortest distance at which the following specimens of Jaeger No. 1 and Jaeger No. 2 can be read by the applicant? If No. 1 is read with ease, No. 2 need not be given. Test each eye separately.

With the view of promoting health and efficiency and of minimizing accidents among Federal employees, the heads of the several executive departments and independent establishments having a medical personnel are directed to make such physical examination of applicants for (Jaeger No. 1) and employees in the Federal classified service as may be requested by the Civil Service Commission or its authorized representative.

This order will supplement the Executive orders of May 29 and June 18, 1923 (Executive order, September 4, 1924). (Jaeger No. 2)

Without glasses:

R. 5 in. to 20 in.
L. 5 in. to 22 in.

With glasses, if used:

R. _____ in. to _____ in.
L. _____ in. to _____ in.

Without glasses:

R. _____ in. to _____ in.
L. _____ in. to _____ in.

With glasses, if used:

R. _____ in. to _____ in.
L. _____ in. to _____ in.

Evidence of disease or injury: Right _____

Color vision _____

Method of testing color vision Johnson

2. Ears: (Consider denominators indicated here as normal. Record as numerators the actual distance heard.) Ordinary conversation: Right ear—20 Left ear—20 Evidence of disease or injury: Right ear _____ Left ear _____

3. Nose, sinus disease, etc. 20 ft.

4. Mouth and throat ✓

5. Gastro-intestinal ✓

6. Thyroid (especially in women) ✓

7. Heart and blood vessels ✓

Is organic heart disease present? _____

If organic heart disease is present, is it fully compensated? _____

8. Lungs: Right _____

Left _____

History of tuberculosis? _____

If so, has the disease been arrested for at least 1 year? _____

9. Hernia _____

(If present, name variety: Inguinal, ventral, femoral, etc.; read definition on reverse before answering)

If present, is it supported by a well-fitting truss? _____

10. Varicose veins _____

Varicocele (see note 10 on reverse side) _____

(If present, state location and degree)

11. Feet: Is flat foot present? _____

Degree of impairment of function _____

(None, slight, moderate, severe)

12. Deformities, atrophies, and other abnormalities, diseases, or defects not included above ✓

13. Scars of serious injury or disease ✓

14. Nervous system (see note 14 on reverse side) ✓

15. (a) Urinalysis (see reverse side) _____ (b) Venereal disease ✓

16. Obtain from applicant statement of disabilities, past and present, give diagnosis and your comments under appropriate heading above or under "Remarks" on back of this sheet.

17. Does Veterans Administration recognize service-connected disability in this case? No If "yes," cover in your comments. (Yes or no)

This certificate is to be returned to the official of the U. S. Civil Service Commission requesting the examination

The aim of the Executive order of September 4, 1924, under which this examination is made, is to obtain information as to the physical condition of appointees to the classified civil service with a view to promoting efficiency and minimizing accidents and claims under United States employees' compensation laws.

Notes for Examining Physician

WEIGHT.—Males, without clothing, and also in ordinary clothing without overcoat or hat (weigh twice); females, clothed, but without wrap or hat. If overweight, state whether due to bone and muscle or to fat.

HEIGHT.—Without boots or shoes; observe that no appliances are used to increase.

The examination should include the following observations:

1. **Eyes.**—Ptosis; discharge; corneal scar; pterygium. In recording distant vision consider 20 feet as normal and report all vision as a fraction with 20 feet as numerator and the smallest type read at 20 feet as denominator. If glasses are used, record for each eye the finding with and without glasses. Near vision must be reported. In testing vision without glasses the applicant or appointee should be instructed to remove the glasses at least one-half hour before testing uncorrected vision.

2. **Ears.**—Evidence of middle ear or mastoid disease; condition of drums; discharge. In recording hearing, record 20 feet as normal distance for conversational voice and record deviation from normal as fraction with 20 as denominator and actual distance as numerator.

3. **Nose.**—Ability to blow through each nostril. If free, a speculum examination would not be indicated.

4. **Mouth and throat.**—Missing teeth, pyorrhea; tonsils, hypertrophy or disease.

5. **Gastro-intestinal.**—Ulcers, inflammations, etc.

6. **Thyroid.**—Presence of tumor in neck and tremor, exophthalmos; nervous high-strung disposition, especially in women.

7. **Heart.**—Murmurs. State whether functional or organic. If valvular disease exists, state whether or not it is fully compensated. Arteriosclerosis.

8. **Lungs.**—It is necessary that the auscultatory cough be used. If tuberculosis is present, state whether active or arrested; if arrested, state your opinion as to how long it has been quiescent. Sputum to be examined for tubercle bacilli in all suspected cases.

9. **Hernia.**—Give details as to size, location, etc., and whether well-fitting truss is worn. Inguinal hernia exists when ring is enlarged and on coughing visceral impulse is felt which follows the finger on withdrawal.

10. **Varicocele.**—If varicocele is present, state approximate size—e. g., size of walnut, lemon, etc.

11. Flat foot of such a nature as to incapacitate or become aggravated by work or be alleged later to have been caused by accident or occupation. By "flat foot," as used in this form, is meant a weak foot with impaired function, the term being equivalent to "fallen or misplaced arch," an abnormal condition. Impairment of function is the point to be noted. An anatomically flat foot, but strong, is not disqualifying.

12 and 13. Scars, deformities, atrophies, and paralyses should be noted, but it is not important that small insignificant scars or blemishes which might be referred to as marks of identification be recorded.

14. This entry should include symptoms and full history of any mental or nervous abnormality.

15. Urinalysis to be made in case of persons over 40, and in all cases where arteriosclerosis, nephritis, or diabetes is suspected.

Record of urinalysis, if made: Sp. gr. _____ Albumen _____ Sugar _____ Casts _____

Blood pressure: Mm. Hg. systolic _____ Mm. Hg. diastolic _____

If tachycardia is present, give pulse rate: Sitting _____ Immediately after exercise _____ Two minutes after exercise _____ Cardiac reserve _____
(Good, fair, or poor)

I have found this applicant abnormal under the following headings: _____

In my opinion, applicant is capable of performing duties involving _____ physical exertion.

REMARKS: _____
(Arduous, moderate, or light)

Out-Patient Office,

U. S. Marine Hospital, (Signature of applicant)

Room #813 - New Post Office,

Chicago, Illinois.

(Place of examination)

10-28-40
(Date of examination)

The examining physician must be in the Federal service

(Signature of examining physician)

(Title and branch of Federal medical service)

Full time? _____ Part time? _____ Fee paid? _____

The personnel officer should fill in the blanks below before sending this form to the Commission for action

To be appointed in _____
(Department) (Bureau)

Title of position _____

Type of appointment (check): ☐ Original appointment ☐ Transfer ☐ Reinstatement ☐ Classification

Number of certificate upon which applicant's name appears (to be given in case of original appointment) _____

Federal Bureau of Investigation
United States Department of Justice
Chicago, Illinois

October 28, 1940

Director
Federal Bureau of Investigation
Washington, D. C.

Re: EVELLE J. YOUNGER;
APPLICANT - SPECIAL AGENT.

Dear Sir:

I am transmitting herewith the certificate
of medical examination covering the above named
applicant.

Very truly yours,

W. S. Devereaux
W. S. DEVEREAUX,
Special Agent in Charge

RVT
Enclosure *att*
Enc. detached
all

NOV 4 1940

67-157312-16	
RECEIVED	OCT 30 1940
FILED	2

CHF. CLK.
wch

See 6-1-1940

PHOTOGRAPH EXAM.

JAN 3 1941

67-15437-29

Searched	Reported
Serialized	Checked
Indexed	Filed
DEC 27 1940	
FEDERAL BUREAU OF INVESTIGATION	

CHIEF CLERK
[Signature]
INDEXED *[Signature]*

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS OF THE
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

Quantico, Virginia
Place

December 12 1940

HISTORY

Name Evelle Tansen Younger Age 22 years, 6 months
Nativity (state) Nebraska Married, Single, Widowed: _____ Number of Children _____

Diseases, operations, or injuries previous to age of 15 (Give date and full description of each and examine carefully for evidence of sequelae.)

Childhood diseases; right elbow broken in 1929 (football)
Concussion 1937 (car accident)

Diseases, operations, or injuries subsequent to age 15 (Give date and full description of each and examine carefully for evidence of sequelae.)

None. Infection right leg, April 1940 (infected plaster on foot); no other infection

Father (Living? Yes State of Health good
(Dead? _____ Cause & age at death? _____)

Mother (Living? Yes State of Health good
(Dead? _____ Cause & age at death? _____)

Brothers None (Number living _____ State of Health _____
(Number dead _____ Cause & age at death? _____)

Sisters None (Number living _____ State of Health _____
(Number dead _____ Cause & age at death? _____)

Has any member of family suffered from neurasthenia or insanity or been confined in any institution for the insane? Give relationship and full history of case.

No

Has any blood relative been an inmate of a penal institution or poorhouse? Give relationship and state reasons.

No

Habits: Tobacco? Yes Alcoholics? mildly Drugs? No

Evelle J. Younger
Signature of Candidate.

PHYSICAL EXAMINATION

Eyes: Color? Green Brown Exophthalmos? no

Chronic inflammation? no Other abnormality? no

Eyelids: Ptosis? no Condition of conjunctiva on eversion? L

Other eye conditions? None

Vision: (Note: Each eye must be tested separately.)

Does candidate wear glasses? no For what purpose? _____

Distant: Uncorrected vision of right eye? 20/20 Left eye? 20/20

Corrected vision of right eye? _____ Left eye? _____

Near: Uncorrected vision of right eye? 27 1/3" Left eye? 27 1/3"

Corrected vision of right eye? _____ Left eye? _____

Remarks: _____

Color sense: Normal Stilling 1929
(Standard color plate test required)

Ears: Abnormalities? no Evidence of mastoid or other disease: none

Condition of drums? Right Normal Left normal

Hearing: (Note: When testing hearing, the eyes and the opposite ear must be closed.)

Distance conversational speech can be heard:

Right ear 30 feet. Left ear 30 feet.

Distance whispered speech (Using residual air) can be heard:

Right ear 15 feet. Left ear 15 feet.

(Note: Use tuning fork tests, Rinne, Weber & Schwabach, if indicated.)

Right ear _____ Left ear _____

Nose: Deflection of septum Normal Polypi? normal

Chronic nasal disease? no Is candidate a mouth breather? no

Palate: Cleft or perforated? no Other conditions? none

Fauces: Condition of tonsils? normal Pharynx? no

Frederick G. Fox

Signature of Examining Specialist.

Height? 5 feet, 11 1/4 inches. Weight, stripped? 194 Pounds.

General appearance:	(Robust? <u>✓</u>)	Complexion:	(White? <u>✓</u>)
	(Puny? _____)		(Colored? _____)
	(Plethoric? _____)		(Blonde? <u>✓</u>)
	(Anaemic? _____)		(Brunette? <u>✓</u>)
	(Corpulent? _____)		(Florid? _____)
	(Emaciated? _____)		(Sallow? _____)

Skin: Diseases? No

Hair: Color: Medium brown Thickness Normal

Glands: Enlargement: No Other abnormalities No

Head, Depressions? No Asymmetries? No

Facial disfigurement? No Facial asymmetry? No

Abnormalities of speech? No

Neck: Goitre? No Other conditions? No

Chest: Inspiration 38 1/2 inches. Expiration 35 1/2 inches. Respiratory rate? 18

Inspection: Normal

Lungs: Palpation: Normal

Percussion: Normal

Auscultation: Normal

X-ray examination: _____

Heart: Palpation: Normal

Percussion: Normal

Auscultation: Normal

Exercise Test: Step upon chair 25 times in 30 seconds. Pulse rate should return to normal after two minutes.

Pulse rate: Sitting 80 After exercise 124

Condition of heart after exercise: Normal

Blood pressure, Systolic? 116 Distolic? 76 Pulse pressure 40

Abdomen:

Circumference at umbilicus? 32 1/2 Tenderness? No
Other abnormalities? No
Liver, percussion? Normal Palpation? No
Spleen, percussion? Normal Palpation? No
Inguinal rings? Normal Hernia? No

Scrotum:

Varicocele? No Hydrocele? No Sarcocoele No

Testicles:

Induration? No Atrophy? No
Other conditions? No

Penis:

Epispadias? No Hypospadias? No
Condition of prepuce? Normal Venereal diseases? No

Anus:

Hemorrhoids? No Fistulae? No
Prolapse of bowel? No Other conditions No

Spine:

Tenderness? No Curvature? No

Reflexes:

Pupillary: Normal Cremasteric: Normal
Patellar: Normal Babinski: No Ankleclonus: No

Upper Extremity:

Missing fingers? No Contractures of hand? No
Condition of joints? Normal Other conditions? No

Lower Extremity:

Flat foot? No Bowed legs? No
Knock-knees? No Varicose Veins? No

Hammer toes? no Bunions? no

Other abnormalities? no

Agility:

Co-ordination of muscular movements? normal Romberg? neg

Defects of gait? no

Mental Condition? normal

(Note: If indicated refer to specialist)

Temperature? 96

Has this person been successfully vaccinated within 5 years? 1939

Has this person had prophylactic typhoid inoculation? yes Date last taken 1939

Urine: Color? St. Amber Sp. Gr.? 1.020 Albumin? neg. Sugar? neg.

Reaction? acid Shreds? Few Blood cells? 0

Pus cells? 0 Casts? none Epitheleal cells? amurates

Blood: Red corpuscles per C.mm 4,900,000 White corpuscles per C.mm 6,000

Differential count neutro 66, Lymph 34, Mono 3,

Blood Type "O"

Blood serologic tests (syphilis): Kahn: neg. Haemoglobin per cent: 95

Has candidate any of the following defects, viz: Cachexia, or apparent predisposition to any constitutional diseases, permanent defects of either of the extremities or articulations, including defects of gait, flat foot, badly bowed legs, knock-knees, unnatural curvature of the spine, impaired vision, color-blindness, chronic diseases of the visual organs, epilepsy, insanity, chronic diseases of the ears, deafness, chronic nasal disease, polypi, chronic ulcers or cicatrices of old ulcers likely to break out afresh, chronic cardiac pulmonary or renal affections, insufficient chest expansion, hernia, sarcocoele, hydrocele, varicocoele (unless slight), fistula in ano, hemorrhoids, varicose veins on lower limbs (unless slight) stature less than 5 feet 4 inches, or more than 6 feet 2 inches, or any marked abnormality of speech or facial disfigurement?

Report of any special examination:

DENTAL EXAMINATION OF _____

GENERAL ORAL CONDITION

MUCOUS MEMBRANE

☒	Normal
☐	Inflamed
☐	Swollen
☐	Ulcerated
☐	Septic

SALIVA

☒	Normal
☐	Excessive
☐	Acidity
☐	Thick or ropy
☐	Odor

OCCUSION

☒	Normal
☐	Class I
☐	Class II
☐	Class III

TONGUE

☐	Coating
☐	Cryptic
☐	Ulcerated
☐	Enlarged

Glands _____

Sinus _____

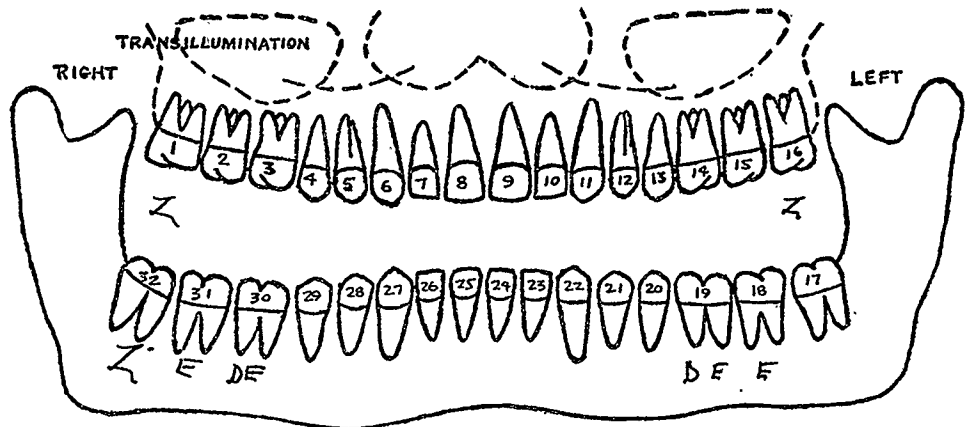
Throat _____

ARCH

☐	Square
☐	Tapering
☒	Ovoid

DENTAL DIAGNOSIS

- A. Labial
- B. Lingual
- C. Incisal
- D. Occlusal
- E. Buccal
- G. Mesial
- H. Distal
- K. Mesio-labial
- L. Disto-labial
- M. Mesio-lingual
- N. Disto-lingual
- O. Mesio-incisal
- P. Disto-incisal
- R. Mesio-occlusal
- S. Disto-occlusal
- T. Bucco-occlusal
- U. Lingual-occlusal
- V. Mesio-disto-occlusal
- W. Bucco-lingual-occlusal



☒ Roots ☐ Abscess ☒ Impacted ☒ Crown ☐ Devitalized ☐ Dummy bridge ☐ On denture ☐ Missing ☒ Extraction Indicated

X-ray No. _____ X-ray reading _____

Gingival disease (indicate nature and extent) _____

Conditions of appliances replacing teeth _____

Remarks: _____

In case a dentist is not available to make the dental examination, the medical examiner shall record missing teeth, prosthetic replacements, and give a general estimate of oral condition.

Date 12 Dec. 1940 (Signature) E. H. Ricci

Dental Surgeon

Summary of Findings

(Summarize here all defects found.)

1. _____
2. _____
3. _____
4. _____
5. _____

Recommendations:

1. Is this man capable of strenuous _____ moderate _____ light _____
or very light _____ physical exertion. (Indicate which).
2. Has this man any defect which would interfere with his participation
in raids or other work connected with the detection and apprehension
of criminals which might entail the practical use of firearms?
(Indicate YES or NO) NO

Remarks:

JBR

Administrative action by Federal Bureau of Investigation.

DIRECTOR

EMPLOYEE'S NOTICE OF INJURY AND ORIGINAL CLAIM FOR
COMPENSATION AND MEDICAL TREATMENT

(To be submitted to the official superior by every employee injured in the performance of his duty, or some one on his behalf, within forty-eight hours after the injury. This notice shall be given by delivering it personally to the official superior or by depositing it in the mail properly stamped and addressed to the official superior. It should be retained by the official superior unless the injury causes disability for work beyond the day or shift in which the injury occurred, or results in any charge against the Commission for medical expense, when it should be forwarded to the United States Employees' Compensation Commission with report of injury, Form C. A. 2.)

Washington,
(City or town)

D.C.

(State)

F.B.I., Dept. of Justice Bldg.
(Street and number)

January 7

(Date of this notice)

, 1942

I HEREBY CERTIFY that I was injured in the performance of my duties on January 2, 1942.
(Date)

Friday

(Day of week)

approximately 2:20Pm.

(Hour, a. m. or p. m.)

1. The injury occurred at Gymnasium of the Federal Bureau of Investigation
(Give name of establishment where employed)

in the following manner: During the course of regular gymnasium activity, I

fell, and struck my right knee against the corner of a protruding wooden panel
in the gymnasium.

2. Cause of injury fall referred to above

3. Nature of injury bruised and strained legements in right knee.

4. Names of witnesses to injury:

Howard A. Meyers

John J. Deane

5. If this notice was not given within 48 hours after the injury, explain failure to give notice and state the name of the person to whom first notice was given and date:

Notice was given to attending Doctor at the Public Health Service
inasmuch as he examined injury within twenty four hours. This form
was filled out as soon as time would permit.

This injury was not caused by my willful misconduct, intention to bring about the injury or death of myself or of another, nor by my intoxication, and I hereby make claim for compensation and medical treatment to which I may be entitled by reason of the injury sustained by me.

(Name)

Ernell J. Younger

Before compensation is paid, written claim on Form C. A. 4 must be submitted to the Commission

OFFICIAL SUPERIOR'S REPORT

[To be submitted to UNITED STATES EMPLOYEES' COMPENSATION COMMISSION, Washington, D. C., as soon as practicable after any injury to a civil employee of the United States sustained while in the performance of duty which causes any disability for work beyond the day or shift on which the injury occurred or results in any charge against the Commission for medical expense. This form should be accompanied by C. A. 1.]

Place of
employment

1. Department Justice 2. Bureau or office F.B.I.
(War, Navy, etc.) (Engineer, Navigation, etc.)
3. Place of employment Justice Bldg., Washington, D. C.
(Arsenal, navy yard, etc.) (City) (State)
4. Reporting office Room 1244; Dept. of Justice Bldg.
(Location of reporting office or division headquarters)
5. Name of superintendent or foreman in charge when injury occurred Howard A. Meyers

The injured
employee

6. Name of injured employee Younger, Evelle J. 7. Age 23 8. Sex Male 9. Race White
(Give first name in full)
10. Home address 314 W. 12th Street, Hastings, Nebr.
(Street and number) (City or town) (State)
11. Occupation and division Special Agent - Div. 5 12. Was employee doing his regular work? Yes
(Give both, as laborer, hull division; helper, machine shop, etc.)
13. Total length of service with the Government as a civilian? Since 12/9/40
14. How long at present work in this establishment? " "
15. Dates of other injuries none
16. Rate of pay on date of injury, \$ 3200 per year { and subsistence valued at \$ --- per ---
and quarters valued at \$ --- per ---
17. Employee begins work at 9 a.m. m. 18. Regular day's work ends 5:00 p. m.
(Hour, a. m. or p. m.) subject to 24-hr. duty (Hour, a. m. or p. m.)
19. Hours worked per day 8 20. Days paid per week 7

21. Place where injury occurred F.B.I., Dept. of Justice, Wash., D.C.
(Give exact location, as name or number of building and division, etc.)
22. Date of injury January 2, 1942; day of week Friday; hour of day 2:30 p.
(a. m. or p. m.)
23. Date employee stopped work did not stop; day of week ---; hour of day ---
(a. m. or p. m.)
24. Date employee's pay stopped did not stop; day of week ---; hour of day ---
(a. m. or p. m.)
25. Has employee returned to work? ---
(Give date and hour)
26. Will employee receive pay for any portion of above absence on account of:
(a) Annual leave no absence (Give exact dates)
(b) Sick leave --- (Give exact dates)
(c) Any other reason --- (Give exact dates)
27. Describe in full how injury occurred During the course of regular gymnasium activity, employee fell and struck his right knee against the corner of a protruding wooden panel in the gymnasium

The injury

28. State part of body injured and nature and extent of injury bruised and strained legaments in right knee
29. Did injury cause loss of any member or part of member? no If so, describe exactly ---
30. Was employee injured while in performance of duty? yes If not, or in doubt, give detailed statement ---
31. Was injury caused by:
(a) Willful misconduct of the employee? no (b) Intention of employee to bring about injury or death of himself or another? no (c) Employee's intoxication? no
(If any answers to these questions are made in the affirmative, the reporting officer should attach an additional statement giving the reason for his conclusion)
32. Was written notice of injury given within 48 hours? no If not, did immediate superior have actual knowledge of injury? yes; also reported to pub. health within 48 hours.
(Answer to question 5, Form C. A. 1, must be complete if notice was not given within 48 hours)
33. Names and addresses of witnesses to injury
Howard A. Meyers, F.B.I., Dept. of Justice Bldg.
Special Agent John Deane, F.B.I., Dept. of Justice Bldg.
(If disability will continue for more than one day, have statements of witnesses made on reverse side of this form)
34. Was injury caused by a third party other than a Government employee or agency? no If so, has employee been instructed in procedure under Commission's regulations? ---
(A detailed statement should be forwarded with this report)

Medical
attendance

35. Name and address of physician who first attended case Public Health Service
36. How soon after injury? 20 hours
37. To what hospital sent? --- Location Wash., D.C.
38. Name and address of physician now attending case Same

Signed this 23rd day of February, 1942
at Washington, D.C.

D. M. Zeller
(Signature of reporting officer)
Asst. Dir. F.B.I.
(Title)

STATEMENT OF WITNESSES

[The statement of witness should tell just what the witness saw personally, or, if he did not see the injury occur, just what he knows about it and when and by whom the information was given him.]

On Jan 2, 1942, I observed E. J. Younger fall and strike his right knee against the corner of a protruding pillar while he was engaged in a supervised class activity in the basement gymnasium.

Signed this 23 day of Feb., 1942

Howard A. Meyers
(Signature of witness)

On the afternoon of January 2, 1942 I saw E. J. Younger fall and strike his knee against a protruding pillar while engaged in supervised gymnastic activity in the basement gymnasium of the Federal Bureau of Investigation. The resultant injury forced him to withdraw for the rest of the period.

Signed this 23 day of February, 1942

John J. Deane
(Signature of witness)

STATEMENT OF GOVERNMENT MEDICAL OFFICER OR PHYSICIAN WHO FIRST EXAMINED CASE

I CERTIFY that _____ was given first-aid treatment, or examined, on _____, 19____, at _____ m., and _____ disabled for work. Probable length of disability will be _____. In my opinion disability _____ due to injury _____, 19____. Nature of injury as found on examination _____

Hospitalized _____

Will return for further treatment _____

Discharged _____

Other disposition _____

Remarks _____

Signed this _____ day of _____, 19____

at _____

(Signature of medical officer)

(Title)

MEMORANDUM FOR MR. J. J. Edgar

It is desired that you make arrangements with the Chief Clerk's Office within the next week to be afforded the regular annual physical examination at the United States Naval Hospital.

There is attached hereto a physical examination blank which should be filled in on the first page by you and brought with you to the Chief Clerk's Office the day of your physical examination.

Very truly yours,

J. E. Hoover

John Edgar Hoover
Director

Enclosure

Colleg. Tanager

MAJOR PHYSICAL EXAM.

FEB 13 1942

62-159370-54	
FEDERAL BUREAU OF INVESTIGATION	
FEB 9 1942	
Routed.....	to.....
Serialized.....	Checked.....
Numbered.....	

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LWS

RECORD OF PHYSICAL EXAMINATION OF OFFICERS AND SPECIAL AGENTS
FEDERAL BUREAU OF INVESTIGATION, U. S. DEPARTMENT OF JUSTICE

NAME Younger, Evellie J. AGE 23 YEARS, 6 MONTHS N.A. 146.
NATIVITY (state of birth) Nebr. MARRIED, SINGLE, WIDOWED: - NUMBER OF CHILDREN -
FAMILY HISTORY father: Harry C. Younger, age 47, health good; mother: Mrs. Harry C. Younger, age 44, health good. Neither have ever had any serious injury or sickness; no brothers or sisters.
HISTORY OF ILLNESS OR INJURY regular childhood diseases; no other serious illness or injury. Fractured bone in rt. elbow, 1932. Sinusitis for several years.
HEAD AND FACE L

EYES: PUPILS (size, shape, reaction to light and distance, etc.) Reg. + 4 React to Hg

DISTANT VISION RT. 20 /20, corrected to /20

LT. 20 /20, corrected to /20

COLOR PERCEPTION Normal

(state edition of Stilling's plates or Lamps used)

DISEASE OF ANATOMICAL DEFECTS None

EARS: HEARING RT. WHISPERED VOICE 15 /15' CONVERSATIONAL SPEECH /15'

LT. WHISPERED VOICE 15 /15' CONVERSATIONAL SPEECH /15'

DISEASE OR DEFECTS None

NOSE Normal

(Disease or anatomical defect, obstruction, etc. State degree)

SINUSES Normal

REMARKS None

TONGUE, PALATE, PHARYNX, LARYNX, TONSILS Normal

TEETH AND GUMS (disease or anatomical defect):

MISSING TEETH

NONVITAL TEETH no

PERIAPICAL DISEASE no

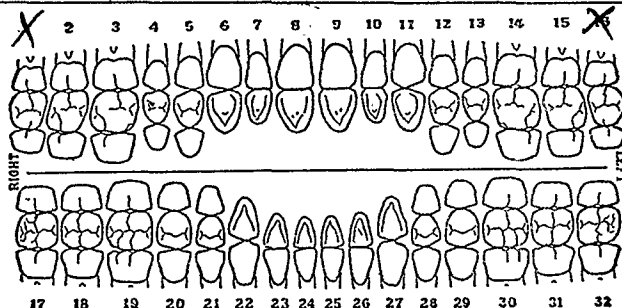
MARKED MALOCCLUSION no

PYORRHEA ALVEOLARIS no

TEETH REPLACED BY BRIDGES no

DENTURES no

REMARKS



(Signature of Dental Officer)

GENERAL BUILD AND APPEARANCE Medium-heavy

TEMPERATURE 97.6

CHEST AT EXPIRATION 78

HEIGHT 5' 11 1/2"

CHEST AT INSPIRATION 78 1/2"

WEIGHT 143

CIRCUMFERENCE OF ABDOMEN AT UMBILICUS 34

RECENT GAIN OR LOSS, AMOUNT AND CAUSE Gain of 5 lbs. in 11 months

SKIN, HAIR, AND GLANDS Brown skin. No.

NECK (abnormalities, thyroid gland, trachea, larynx) N

SPINE AND EXTREMITIES (bones, joints, muscles, feet) N

THORAX (size, shape, movement, rib cage, mediastinum) N
RESPIRATORY SYSTEM, BRONCHI, LUNGS, PLEURA, ETC. N

CARDIO-VASCULAR SYSTEM N
HEART (note all signs of cardiac involvement) N

PULSE: BEFORE EXERCISE 70 BLOOD PRESSURE: SYSTOLIC 130
AFTER EXERCISE 104 DIASTOLIC 80
THREE MINUTES AFTER 62
CONDITION OF ARTERIES N CHARACTER OF PULSE normal
CONDITION OF VEINS N HEMORRHOIDS none

ABDOMEN AND PELVIS (condition of wall, scars, herniae, abnormality of viscera) N

GENITO-URINARY SYSTEM N
URINALYSIS: SP. GR. 1.028 ALB. negative SUGAR negative MICROSCOPICAL negative
VENEREAL DISEASE N

NERVOUS SYSTEM N
(organic or functional disorders)
ROMBERG N INCOORDINATION (gait, speech) N
REFLEXES, SUPERFICIAL N DEEP (knee, ankle, elbow) N TREMORS N
SEROLOGICAL TESTS NEGATIVE BLOOD TYPE "O"
ABNORMAL PSYCHE (neurasthenia, psychasthenia, depression, instability, worries) N

SMALLPOX VACCINATION: DATE OF LAST VACCINATION 1938
TYPHOID PROPHYLAXIS: NUMBER OF COURSES 3
DATE OF LAST COURSE 1938

REMARKS ON ABNORMALITIES NOT OTHERWISE NOTED OR SUFFICIENTLY DESCRIBED ABOVE
See attached reports

SUMMARY OF DEFECTS None

IS THIS INDIVIDUAL PHYSICALLY FIT TO PARTICIPATE IN RAIDS AND APPREHENSION OF CRIMINALS
WHICH MIGHT ENTAIL THE PRACTICAL USE OF FIREARMS Yes (yes or no)
(when no is given state cause)

FINDINGS, RECOMMENDATIONS AND REMARKS (as per boards, when necessary)

1. Typhoid inoculation
2. Malaria treated

Dec. 29, 1941

W. H. Barnes

Evelle J. Gannan

PHYSICAL EXAM.

10/31/40

10-1370-15

OCT 30 1940

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WPK